

Form updated April 14, 2000

Date(s) Form Completed: _____

**GROUNDWATER REMEDIATION PROGRAM
SITE SUMMARY SHEET**

Site Name: _____

DEQ Use Only

Enforcement Tracking Data: Complaint _____ Spill _____ ENID#: _____ CVID#: _____

Release Date: _____

Site Address: _____

Site Legal Location (1/4s, Section, Township, Range): _____

Latitude: _____ Longitude: _____ Method Determined By: _____

Name of USGS 7.5' or 15' Topographic Quadrangle That Site Is Located On (Attach copy):

*****Note:** Generated site location maps must contain the directional symbol and have a designated scale.

Site Telephone No.: _____

Responsible Party Name(s): _____

Responsible Party Address(es): _____

Responsible Party Telephone No.: _____ FAX No.: _____

Type and Amount of Contaminant(s): _____

Contaminated Soils: Yes _____ No _____

Tier 1 RBCA Soil Concentration Exceeded: Yes _____ No _____

EPA Preliminary Remediation Goals/ Soil Screening Levels Exceeded: Yes _____ No _____

Contaminated Ground Water: Yes _____ No _____

Contaminated Surface Water: Yes _____ No _____ If yes, name: _____

WQB-7 Human Health Standard: _____

WQB-7 Aquatic Standard: _____

WQB-7 Human Health Standard Exceeded: Yes _____ No _____

WQB-7 Aquatic Standard Exceeded: Yes _____ No _____

Tier 1 RBCA Groundwater Concentration Exceeded: Yes _____ No _____

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Site Ranking: Maximum _____ High _____ Medium _____ Low _____ Operation & Maintenance (active system+monitoring) _____ O&M (monitoring only) _____

Site Requires Emergency Actions: Yes _____ No _____

DEQ Required Cleanup: Yes _____ No _____

Number & type of wells impacted (PWS, domestic, stock, irrigation, monitoring): _____

Depth To Ground Water (in feet): _____

Ground Water Flow Direction: _____

Remediation Contractor's Name: _____

Remediation Contractor's Address: _____

Remediation Contractor's Telephone No.: _____ **FAX No.:** _____

Monitoring Well Data (installation date, well depth, riser type & diameter, screen type, diameter, & slot size, screen length, screened interval): _____

Monitoring Well Distance From Contamination Source: _____

*****Note:** Historic and current monitoring data should be provided in tabular format.

Monitoring Frequency: _____

Monitoring Parameters and EPA Methods: _____

Site Area (feet, miles, etc): _____

Site Lithology: _____

Surrounding Landuse: _____

Potential Downgradient Receptors: _____

Distance of Potential Downgradient Receptors From Site: _____

Summary Of Remedial Actions Conducted: _____

DEQ Use Only

Last Communication Between DEQ & Responsible Party/Contractor:

Recommendations: